

# State of Indiana

## Section 125 Plan Specifics

PLAN YEAR:	01/01/06 - 12/31/06
PLAN OPTIONS:	PLAN MAXIMUMS:
Health Care FSA Plan Option	\$ 5,000
Dependent Care FSA Plan Option	\$ 5,000 (\$416.66 per month)
PARTICIPATION IN THE HEALTH CARE FSA PLAN OPTIONS:	May begin after meeting Eligibility requirements.
PARTICIPATION IN THE DEPENDENT CARE FSA PLAN OPTIONS:	May begin after meeting Eligibility requirements.
PARTICIPATION AFTER TERMINATION IN THE HEALTH CARE FSA PLAN OPTION:	Terminated employees will be allowed <u>0</u> days to incur expenses and an additional <u>30</u> days to submit expenses.
PARTICIPATION AFTER TERMINATION IN THE DEPENDENT DAY CARE FSA PLAN OPTION:	Terminated employees will be allowed <u>30</u> days to incur expenses and an additional <u>60</u> days to submit expenses.
CLAIMS SUBMISSION:	Claims must be submitted by noon E.S.T. two business days prior to the next check run date.
CLAIMS SUBMITTED AFTER THE END OF PLAN YEAR:	Claims must be submitted no later than <u>90</u> days after the end of the Plan Year.
STATUS CHANGE NOTIFICATION TIME FRAME:	Status changes must be submitted within <u>30</u> days of the Qualifying Event
KBA CUSTOMER CARE PHONE SUPPORT:	(317) 218-1300, or toll-free (866) 387-0493
24/7 ONLINE ACCOUNT ACCESS:	<a href="http://www.keyqualifiedplans.com">www.keyqualifiedplans.com</a>
SUBMISSION OF FLEX CLAIMS:	By Fax: (317) 284-7269, or toll-free (866) 241-1488 By Mail: KBA Flex Department Qualified Plans Division P.O. Box 55210 Indianapolis, IN 46205-0210